

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled) Original					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Environmental Liability Transfer					
Address: 1650 Des Peres Road, Suite 306					
City: St. Louis	State: Missouri	Zip: 63131			
Contact: Adam Peetz		Tel: (314) 775-0500			
REMOVAL CONTRACTOR: Enterprise Network Resolutions Contracting, LLC.					
Address: 874 Piney Hollow Road, P. O. Box 70					
City: Winslow	State: New Jersey	Zip: 08095			
Contact: Ted Budzynski		Tel: (609) 567-0600			
OTHER OPERATOR: Not Applicable					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo					
IV. IS ASBESTOS PRESENT? (Yes/No) No					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Building # 7					
Address: 1160 State Street					
City: Perth Amboy	State: New Jersey	County: Middlesex			
Site Location: 1160 State Street, Perth Amboy, New Jersey					
Building Size: Approximately 3,000 sq. ft.	# of Floors: 1	Age in Years: 50			
Present Use: Vacant		Prior Use: Manufacturing			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk TEM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/18/16				Complete: 07/29/16	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

The building will be demolished with trackhoes equipped with hydraulic grapples. The trackhoes will bring down the walls and roof one at a time and consolidate the debris for staging and loading. Building debris will be disposed as contaminated material. During the dismantlement of the building, dust control measures will be on immediate standby. This shall include water spraying with a 2" fire hose from a hydrant or poly tank.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Continuous spraying of water on entire building using a 2" fire hose from a hydrant and/or poly tank onsite.

XII. WASTE TRANSPORTER #1

Name: Bull Waste & Recycling, Inc.

Address: 427 S. White Horse Pike, P. O. Box 528

City: Berlin

State: New Jersey

Zip: 08009

Contact Person: Ted Budzynski

Tel: (609) 567-0600

WASTE TRANSPORTER #2

Name: Russell Reid, Inc.

Address: 200 Smith Street, P. O. Box 130

City: Keasbey

State: New Jersey

Zip: 08832

Contact Person: Scott Withers

Tel: (732) 692-2447

XIII. WASTE DISPOSAL SITE

Name: Salem County Sanitary Landfill

Address: Route 540 & McKillip Road

City: Alloway Township

State: New Jersey

Zip: 08001

Tel: (856) 935-7900

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: Not Applicable

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: Not Applicable

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
Not Applicable

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Continuous wetting of any/all ACM found. Separate ACM from general construction debris, if possible, and place in ACM bags. If found, all ACM will be placed in lined dumpsters for disposal.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

(Date)